



STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION

Occupational &amp; Professional Trades Division

Telephone: (860) 713-6155

WebSite: www.ct.gov/dcp

**REGISTRATION FOR AGENT FOR STUDENT ATHLETES****INSTRUCTIONS:**

This form must be completed by the individual applying for registration. This application **must be accompanied by a check or money order** in the amount of **\$200.00**, made payable to: "Treasurer, State of Connecticut."

**For Corporations and Businesses:** Provide a listing of each person acting as an athlete agent. Each person must submit a registration form for agent of student athlete.

→ Return your completed application and registration fee to:

**Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106**

Please check (✓) the type of license applying for:

☐ INDIVIDUAL    ☐ CORPORATION    ☐ LIMITED LIABILITY COMPANY    ☐ PARTNERSHIP    ☐ INDIVIDUAL WORKING FOR A CORPORATION, LLC

<b>Applicant's Name</b>			
<b>Street Address</b>		<b>City</b>	<b>State    Zip Code</b>
<b>Social Security or FEIN Number</b>	<b>Date of Birth or Incorporation</b>	<b>Telephone Number (with area code)</b>	

<b>List all Businesses that You (or your Business) have Owned, Had a Financial Interest In, and/or have been Employed by within the Last Three Years. List Current Business First.</b>		
<b>Company Name</b>	<b>Address</b>	<b>Telephone Number</b>
<b>Your Title</b>	<b>Nature of Business</b>	
<b>Company Name</b>	<b>Address</b>	<b>Telephone Number</b>
<b>Your Title</b>	<b>Nature of Business</b>	

<p><b>Please list the Names of Each and Every Company in which You, Your Spouse, and/or Your Minor Children Own Stock of at least 5% of the outstanding shares</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Please answer the following. Attach additional sheets if necessary.

**Have you ever been convicted of a crime excluding misdemeanor motor vehicle offenses?**

☐ YES ☐ NO If YES, please state each offense and date of conviction.

**Are you an attorney at law admitted to practice in the State of Connecticut?**

☐ YES ☐ NO If YES, Please state your Juris Number \_\_\_\_\_

**Have you ever been disciplined?**

☐ YES ☐ NO If YES, Please state each incident

**Are you a certified accountant admitted to practice in the State of Connecticut?**

☐ YES ☐ NO If YES, Please state your License Number \_\_\_\_\_

**Have you ever been disciplined?**

☐ YES ☐ NO (If YES, please state each incident, date, and issuing authority on a separate sheet)

**Have you ever had any license or registration revoked or suspended by any licensing authority?**

☐ YES ☐ NO (If YES, please state each incident, date, and issuing authority on a separate sheet)

**Do you currently hold or did you ever hold any license or registration issued by the Department of Consumer Protection?**

☐ YES ☐ NO If YES, give each license /registration number \_\_\_\_\_

**Do you currently hold or did you ever hold any registration as a sports agent issued by any other issuing authority?**

☐ YES ☐ NO If YES, give registration number and issuing authority \_\_\_\_\_

If Yes, please provide the names of the athletes currently under your or your company's agency management.

If you claim that this information is proprietary, please list the information on a separate sheet headed, "Privilege Claimed".

**Has any athlete, while under your or your company's management, ever filed a claim against you or your company?**

☐ YES ☐ NO If YES, state each claim and disposition \_\_\_\_\_

Please attach to this application:

- Three (3) letters of reference.
- A resume detailing your education, formal training, and/or practical experience in contracts, contract negotiation, complaint resolution, arbitration, civil resolution of contract disputes, and/or experience as a professional athlete.

For Corporations, Companies and Legal Entity Applicants:

- Please also attach a list of all Officers, Partners or Members of the legal entity, their home addresses and telephone numbers.

Any persons making any misstatement as to experience or other qualifications or any person subscribing to or vouching for any misstatement shall be subject to those penalties as provided for in the Connecticut General Statutes.

I subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

\_\_\_\_\_  
Signature and Title of Applicant

\_\_\_\_\_  
Date

*Subscribed and Sworn to before me*

\_\_\_\_\_  
Notary Public/Commissioner of the  
Superior Court/Justice of the Peace

\_\_\_\_\_  
My Commission Expires